

Summary of Guidance: Items that should not routinely be prescribed in primary care

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NHS England published guidance on items that should not routinely be prescribed in November 2017; the implementation of this guidance was discussed at PACEF (Lincolnshire Prescribing and Clinical Effectiveness Forum) and the advised action is summarised below:

Item	Information	Action
Co-proxamol	Red-Red on formulary. Use limited to existing patients where there is no suitable alternative.	Do not initiate treatment for any new patients. Review prescribing in existing patients, suggest trial on alternative analgesics if no evidence previously tried or consider referral to pain management service for assessment.
Lidocaine plasters (Versatis®)	Amber 2 on formulary. Licensed only for treatment of post-herpetic neuralgia. The Lincolnshire Joint Formulary also permits unlicensed use for all types of neuropathic pain (assuming a fourth line role) on the advice of a specialist	Review and de-prescribe where possible. Consider use for post-herpetic neuralgia if intolerant of first line systemic therapies or where they have been ineffective or contraindicated. Suggested alternatives gabapentin 3600mg daily in three divided doses, licensed for treatment of peripheral neuropathic pain or alternatively capsaicin 0.075% cream (Axsain®) – licensed for treatment of post-herpetic neuralgia & painful diabetic neuropathy - apply 3-4 times daily.
Paracetamol and tramadol combinations e.g. Tramacet®	Red-Red non formulary.	Review with a view to prescribing paracetamol and tramadol generically as separate components, if appropriate or consider de-prescribing.
Oxycodone and naloxone combination e.g. Targinact®	Red-Red non formulary.	Review with a view to prescribing morphine sulfate modified release plus senna or lactulose or if oxycodone is specifically required one of the formulary preferred low cost prolonged release formulations of oxycodone such as Abtard®, Longtec® or Reltebon® with a laxative.
Immediate release fentanyl e.g. Abstral® and Effentora®	Green on formulary for palliative care only. Fentanyl immediate release products should only be considered when a patient is unable to take immediate release morphine for breakthrough cancer pain, or where breakthrough pain is of rapid onset and not controlled by oral morphine.	Review with a view to de-prescribing if not been used for palliative care indication. wherever possible if used for pain that is not related to cancer.

	Treatment should only be initiated by a physician experienced in the management of opioid therapy in cancer pain (this could be a GP or a member of the palliative care team) and should be closely monitored	
Topical rubefacients e.g. Deep Heat (This does not include topical NSAIDs)	Red-Red on formulary.	Review with a view to stop prescribing. Advise purchase OTC products for acute musculoskeletal pain.. For chronic pain consider use of topical NSAIDS.in appropriate patients. with a view to de-prescribing.
Glucosamine and chondroitin	Red-Red - non formulary.	Cease prescribing, advise purchase OTC product.
Dosulepin	Red-red non formulary.	Do not initiate for the treatment of depression in new patients, as the risk of adverse drug reactions outweigh the benefits of treatment in comparison to other treatment options. Those patients currently stabilised on this treatment for depression should be reviewed to confirm therapeutic benefit. If no clear reason to continue treatment, no underlying depressive illness identified or risk of adverse drug reactions consider withdrawing treatment. Contact the pharmacy team at LPFT for guidance on withdrawing treatment at pharmacy@lpft.nhs.uk . If alternative antidepressant is needed contact consultant for advice. If being used for sedation contact either consultant or member of LPFT pharmacy team for advice on how to slowly withdraw treatment and for advice on alternative treatment options
Trimipiramine	Red-red non formulary.	Do not initiate for the treatment of depression in new patients, as the risk of adverse drug reactions outweigh the benefits of treatment in comparison to other treatment options. Those patients currently stabilised on this treatment for depression should be reviewed to confirm therapeutic benefit. If no clear reason to continue treatment, no underlying depressive illness identified or risk of adverse drug reactions consider withdrawing treatment. Contact the pharmacy team at LPFT for guidance on withdrawing treatment at pharmacy@lpft.nhs.uk . If alternative antidepressant is needed contact consultant for advice. If being used for sedation contact either consultant or member of LPFT pharmacy team for advice on how to slowly withdraw treatment and for advice on alternative treatment options.

Liothyronine	Amber 2 on formulary. Reserved for use in line with BTA guidance when patient failed to achieve required response with levothyroxine. Classed as a RED drug for the adjunct treatment of patients with thyroid cancer and all prescribing for that indication should remain with the specialist.	Do not initiate any treatment for new patients. <u>Endocrinology patients</u> Review all existing patients currently prescribed liothyronine and seek advice from endocrinologist on switching to levothyroxine if no clear evidence this has previously been tried and is not contraindicated. <u>Adjunct to antidepressant treatment.</u> If patient stable on combination of liothyronine and other antidepressant treatments, discuss with consultant or a member of the LPFT pharmacy team before considering swapping to an equivalent dose of levothyroxine.pharmacy@lpft.nhs.uk .
Doxasosin prolonged release tablets	Red-Red non formulary.	Do not initiate treatment in new patients. Review prescribing; guidance available on Lincolnshire Joint formulary regarding converting patients from prolonged to standard release product.
Perindopril arginine	Formulary approved perindopril is perindopril erbumine	Review prescribing with a view to switching patients to the erbumine salt. The PrescQIPP bulletin, follow links below, contains guidance on switching patients.
Lutein and antioxidants	Red-red on formulary.	Cease prescribing, advise purchase of OTC product.
Once daily tadalafil 2.5mg & 5mg	Red-red on formulary.	Do not initiate treatment for new patients. Review with a view to de-prescribing. Suggested alternatives for “on demand” treatment of erectile dysfunction first line generic sildenafil or second line generic tadalafil 10mg & 20mg (if patient fits criteria for SLS)
Travel Vaccines –	Following vaccines should not be prescribed on NHS exclusively for the purposes of travel, Hepatitis B Japanese encephalitis Meningitis ACWY Rabies Tick born encephalitis BCG Yellow fever	Review prescribing. These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. Offer private prescriptions.

Omega 3 fatty acid compounds	Red – Red non formulary	Cease prescribing. Patients should be advised if they wish to continue to use omega 3 supplements they can be purchased.
Herbal supplements	Non- Formulary	Cease prescribing Patients should be advised they can purchase OTC if they wish to take a herbal supplement.
Homeopathy	Non-formulary	Cease prescribing Patients should be advised they can purchase OTC if they wish to take a homeopathic product.

Further information:

Lincolnshire Joint Formulary: <http://www.lincolnshirejointformulary.nhs.uk/default.asp>

NHSE Items which should not be routinely prescribed in primary care guidance for CCGs: <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>

Prescqipp Bulletin (Switching perindopril arginine):. www.prescqipp.info/-perindopril...perindopril.../1009-bulletin-59-perindopril-...

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